

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/518497**

APPLICANT(S)

FILED DATE

Wilson Alvarado  
Paternal Stage Processing  
Paternal Specialist  
(703) 305-6621

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		2		/			53						
4		0		/			54						
5		0		/			55						
6		0		/			56						
7		0		/			57						
8		0		/			58						
9		0		/			59						
10		0		/			60						
11		0		/			61						
12		0		/			62						
13		0		/			63						
14		0		/			64						
15		0		/			65						
16		0		/			66						
17		0		/			67						
18		0		/			68						
19		/		/			69						
20	/		/				70						
21		0		/			71						
22		0		/			72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	21	←	20	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	23		22				TOTAL CLAIMS						